

## Section I: Identification and JP Status

### Ensuring Food Security and Nutrition for Children 0-2 Years Old in the Philippines

#### Semester: 1-11

Country	Philippines
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Ensuring Food Security and Nutrition for Children 0-2 Years Old in the Philippines
Report Number	
Reporting Period	1-11
Programme Duration	
Official Starting Date	
Participating UN Organizations	<ul style="list-style-type: none"> <li>* FAO</li> <li>* ILO</li> <li>* UNICEF</li> <li>* WFP</li> <li>* WHO</li> </ul>
Implementing Partners	<ul style="list-style-type: none"> <li>* Department of Labor and Employment</li> <li>* Food and Drug Administration</li> <li>* National Anti-Poverty Commission</li> <li>* National Center for Disease Prevention and Control, Department of Health (DOH)</li> </ul> <ul style="list-style-type: none"> <li>* National Center for Health Promotion, DOH</li> <li>* National Nutrition Council</li> </ul>

#### Budget Summary

**Total Approved Budget**

FAO	\$222,757.00
ILO	\$287,332.00
UNICEF	\$1,620,413.00
WFP	\$428,000.00
WHO	\$941,498.00
Total	\$3,500,000.00

**Total Amount of Transferred To Date**

FAO	\$138,477.00
ILO	\$205,761.00
UNICEF	\$1,216,165.00
WFP	\$356,108.00
WHO	\$764,559.00
Total	\$2,681,070.00

**Total Budget Committed To Date**

FAO	\$122,406.00
ILO	\$171,430.00
UNICEF	\$698,240.00
WFP	\$326,461.00
WHO	\$78,429.00
Total	\$1,396,966.00

**Total Budget Disbursed To Date**

FAO	\$69,567.00
ILO	\$76,943.00
UNICEF	\$650,354.00
WFP	\$126,722.00
WHO	\$108,595.00

Total \$1,032,181.00

## Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided in 2010 for each programme as per following example:

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel	World Visions RSAI-Iloilo City	19349	7326	12023	
Cost Share	UNICEF-EU (Maternal and Young Child Nutrition Security Initiative in Asia), DSM, GAIN	1222000		1222000	
Counterpart	LGU of JP areas, NNC and DOH regional offices	121127	49388	71784	

## DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through Un agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

## Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	1150		187905				8	35
Reached Number	200		61821				8	35
Targeted - Reached	950	0	126084	0	0	0	0	0
% difference	17.39	0	32.9	0	0	0	100.0	100.0

**Indirect Beneficiaries**

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number			33158					
Reached Number			90258					11
Targeted - Reached	0	0	-57100	0	0	0	0	-11
% difference	0	0	272.21	0	0	0	0	0

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

#### Progress in outcomes

Year 2 funds of AWP YII were transferred on 1 April 2011, with 35% overall delivery rate. Baseline survey in May 2011 showed EBF rate in JP areas at 22%, and prevalence of undernutrition at 18.5% (underweight -for-age), 25% (underlength-for-age), and 6.6% (underweight-for-length). CFSN pursues outcome 1 and 2 with current milestones in promoting, supporting and protecting practices on infant and young child feeding (IYCF). Completed policy scan on IYCF helped pursuing actions related to outcome 3, with JP areas having been informed of the IYCF situation and appropriate recommendations. To date, four of the JP areas have local ordinances supporting IYCF, two of which resulted from the programme's advocacies.

#### Progress in outputs

The EBF component finally moved forward, with marketing brand developed, launched and adapted in advocacy events, including in annual nationwide celebration of the Nutrition Month in July 2011. The JP significantly progressed in recruiting and training IYCF peer counsellors, with advocacy initiatives at national and local levels implemented. Milk Code monitoring trainings were completed, while significant advances on IYCF communication for development component led to the onset of national IYCF communication strategy development. The Early Warning System on food security and nutrition was launched and now piloted, with reports used as basis in designing appropriate responses.

#### Measures taken for the sustainability of the joint programme

Ensuring sustainability by leveraging counterpart funds were maintained in year 2, with the JP areas providing almost half of the budget funding the regional annual work plans. National government agencies are still committed to implement initiatives jointly. The coordination groups of the JP at national and local level continuously provide venues for consultative processes and decision-making, ensuring sustainability through joint programming. Components of the JP have been integrated in the EU-UNICEF's Maternal and Young Child Nutrition Security Initiative in Asia, IYCF Strategic Plan for 2011-2016 and in the NNC budgetary forward estimates.

#### Are there difficulties in the implementation?

#### What are the causes of these difficulties?

External to the Joint Programme

#### Briefly describe the current difficulties the Joint Programme is facing

#### Briefly describe the current external difficulties that delay implementation

Delay in the publication of the appropriate Implementing Rules and Regulations of RA 10028 (Expanded Breastfeeding Promotion Act) caused postponement of many of the initiatives along the component on EBF in the workplace. The JP has significantly contributed to the drafting of the IRR, but the resulting version signed by the Secretary of Health included contentious provisions that may undermine the real purpose of the law. Due to the joint statements issued by CFSN and the stakeholders, publication was postponed, awaiting proper reconsideration of the contentious provisions.

**Explain the actions that are or will be taken to eliminate or mitigate the difficulties**

With a vision of finally coming up with the IRR reflecting the results of the public consultations, CFSN will continue its active role in advocating with the Health Secretary by sharing the voices of the stakeholders. CFSN focal points will also lead in providing venues where stakeholders will be continuously consulted and included in the decision-making processes relating to actions in finalizing the IRR and consequently in implementing the law.

**2 Inter-Agency Coordination and Delivering as One**

**Is the joint programme still in line with the UNDAF?**

Yes true  
No false

**If not, does the joint programme fit the national strategies?**

Yes  
No

**What types of coordination mechanisms**

During the past 6 months of implementation in 2011, the JP held 6 National Technical Working Group meetings and 1 Programme Management Committee meeting that jointly planned and strategized implementation at national and local levels. The Regional TWGs of the JP regions also meet regularly to help ensure joint programming. These coordination groups help ensure joint programming as all partners are represented and consulted in deciding plan of actions for every component relevant in achieving the outcomes.

Annual Work Plans YII including the quarterly targets, revised monitoring framework and results framework were also jointly drafted and approved by the JP, providing opportunity for joint work and dialogues.

CFSN has also been actively participating in coordination meetings and activities which gather the other JPs. This resulted in the sharing of good practices and planning of joint advocacy activities to further the advocacy on MDGs and the specific JP themes.

**Please provide the values for each category of the indicator table below**

Indicators	Baseline Value	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	27	Highlights of PMC, NTWG and RTWG meetings	Reports of the Programme Management Unit at national and local levels

Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	Policy Scan Assessment, Baseline Survey, Formative Researches on CF and MNP	Contracts of the joint analytical work, and preliminary results
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	13	Missions to the 6 JP areas regarding EBFW, COMBI, and recipe trials; JP team visits to the JP regions	Mission reports

### 3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

#### Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not Involved        false  
 Slightly involved    false  
 Fairly involved     false  
 Fully involved       true

#### In what kind of decisions and activities is the government involved?

Policy/decision making

*advocacy*

Management: budget

*advocacy*

Management: procurement

*advocacy*

Management: service provision

*advocacy*

Management: other, specify

*advocacy*

#### Who leads and/or chair the PMC?

Institution leading and/or chairing the PMC: National Nutrition Council and UNICEF

#### Number of meetings with PMC chair

Number of meetings. 1 PMC meeting in 2011, with 2nd quarter meeting scheduled on 15 July 2011

#### Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved        false  
 Slightly involved    false  
 Fairly involved     true

Fully involved      false

**In what kind of decisions and activities is the civil society involved?**

Management: service provision

*as resource person in advocacy events in national and local levels, and part of the sub-TWG of EBFW, also as contractors.*

Management: other, specify

*as resource person in advocacy events in national and local levels, and part of the sub-TWG of EBFW, also as contractors.*

**Are the citizens involved in the implementation of activities and the delivery of outputs?**

Not involved      false

Slightly involved      false

Fairly involved      true

Fully involved      false

**In what kind of decisions and activities are the citizens involved?**

Management: other, specify

*as volunteers for health and nutrition, also for JP's events and as part of the community support groups on EBF*

**Where is the joint programme management unit seated?**

National Government

**Current situation**

The JP implementation still relies greatly on the ownership and lead of the national government agency partners. For this reporting period, the trainings implemented were jointly funded by the government and the CFSN, using modules developed by the joint programme.

Private sector and civil society, including SM Cares, NGOs on breastfeeding such as Breastfeeding Patrol of Mandaluyong City and Latch, continuously participate in the JP with the nationwide expansion of the BF Photo exhibit. NGOs and the academe are now also highly involved especially in Regions 6 and 9. The citizens, especially in the JP areas, are highly involved as they form the community support groups on breastfeeding and complementary feeding.

## 4 Communication and Advocacy

**Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?**

Yes      true

No      false

**Please provide a brief explanation of the objectives, key elements and target audience of this strategy**

The JP is still in the process of finalizing the communication plan document, using the communication for development approach (C4D). The document integrated and



harmonized all planned communication and advocacy initiatives already identified prior to the development of the communication plan. It will also pursue national IYCF communication strategy development that would help the national government in implementing harmonized communication and advocacy initiatives on exclusive breastfeeding and complementary feeding. Audience include government agencies, LGUs, legislators, media and individual citizens, specifically pregnant and lactating women, and families.

**What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?**

Increased awareness on MDG related issues amongst citizens and governments  
 Increased dialogue among citizens, civil society, local national government in relation to development policy and practice  
 New/adopted policy and legislation that advance MDGs and related goals  
 Establishment and/or liaison with social networks to advance MDGs and related goals  
 Key moments/events of social mobilization that highlight issues  
 Media outreach and advocacy

**What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?**

Faith-based organizations	2
Social networks/coalitions	5
Local citizen groups	3
Private sector	3
Academic institutions	15
Media groups and journalist	9

Other Region VI was able to established partnerships with faith-based organizations including Carles' Parish Pastoral Council and Here's Help Evangelical Work. Social networks and coalitions formed include IYCF Technical Working Group, partnership with Association of Barangay Chairman Liga ng mga Barangay (ABC LIGA), Department of Education (R6), Parents Teachers Community Association. Region V started expanding partnerships on advocacy with international and local organizations, including INTERVIDA International. Region VI was able to form partnership with a local citizen group, Carles' Senior Citizen Group, and private company, Robinson's Mall Iloilo City. For the academic institutions, Region 9 and 6 were able to form new partnerships with 12 new academic institutions including colleges of nursing of the following universities: University of San Agustin, Iloilo, Iloilo St. Paul's University, Iloilo Doctor's College, Central Philippine University, West Visayas State University, AMA Zamboanga City, Ateneo de Zamboanga University, Brent College, Pilar College, MEIN College, Universidad de Zamboanga, and Western Mindanao State University. The academic representatives have been trained on IYCF and will be tapped by the programme as volunteer resource persons. They will work together with the health workers in implementing IYCF activities.. Region 9 also partnered with Skycable, ABS-CBN, GBPI-TV 11(affiliate of ABC5), Net 25, RMN, DXNO, and Zamboanga Today, while Region 6 tapped the Nutrition Media Group, Iloilo City Press Groups.

**What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?**

Focus groups discussions

*Prominent outreach activity in JP areas include promotion of programme by word of mouth. In areas where media is not the main tool for communication, MDG-F 2030 and its advocacy is promoted through group meetings, mother's class and other activities on IYCF by the LGU.*

Use of local communication mediums such radio, theatre groups, newspapers

*Prominent outreach activity in JP areas include promotion of programme by word of mouth. In areas where media is not the main tool for communication, MDG-F 2030 and its*



*advocacy is promoted through group meetings, mother's class and other activities on IYCF by the LGU.*

Open forum meetings

*Prominent outreach activity in JP areas include promotion of programme by word of mouth. In areas where media is not the main tool for communication, MDG-F 2030 and its advocacy is promoted through group meetings, mother's class and other activities on IYCF by the LGU.*

Capacity building/trainings

*Prominent outreach activity in JP areas include promotion of programme by word of mouth. In areas where media is not the main tool for communication, MDG-F 2030 and its advocacy is promoted through group meetings, mother's class and other activities on IYCF by the LGU.*

## Section III: Millenium Development Goals

### Millenium Development Goals

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome Beneficiaries

Increased exclusive breastfeeding rates by at least 20 percent annually

JP Indicator

Value

% of infants 0-6 months old who are exclusively breastfed – 20% increase annually

Increase in the proportion of infants who were put to breast within one hour of birth – target to be determined based on the baseline survey

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome Beneficiaries

Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011

JP Indicator

Value

Prevalence of undernutrition in children 6 to 24 months

Baseline:

Overall 6-23 Months: 18.5%  
(Underweight-for-age), 25.0%  
(underlength-for-age), 6.6%  
(underweight-for-length)

Target: 3% decrease from baseline

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome Beneficiaries

Improved capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on Infant and Young Child Feeding (IYCF).

JP Indicator

Value

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Increased exclusive breastfeeding rates by at least 20 percent annually		% of infants 0-6 months old who are exclusively with breastmilk – 20% increase annually Increase in the proportion of infants who were put to breast within one hour of birth	
		National target is 70%	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Reduced prevalence of undernutrition in children 6-24 months old in six JP areas by at least 3 percent by 2011		Prevalence of undernutrition in children 6 to 24 months Baseline: Overall 6-23 Months: 18.5% (Underweight-for-age), 25.0% (underlength-for-age), 6.6% (underweight-for-length) Target: 3% decrease from baseline	

## Additional Narrative Comments

**Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level**

**Please provide other comments you would like to communicate to the MDG-F Secretariat**

Number of beneficiaries reached will be reported in the next report since services related to MDG-F inputs are expected to be delivered in the second half of 2011.

## Section IV: General Thematic Indicators

### 1 Integrated approaches for reducing child hunger and under-nutrition promoted

#### 1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

##### Children under 2

Total No.	4496
No. Urban	3025
No. Rural	1421
No. Girls	2278
No. boys	2218

##### Children from 2 to 5

Total No.	6047
No. Urban	4017
No. Rural	2030
No. Girls	3045
No. Boys	3002

##### Children older than 5

Total	560
No. Urban	294
No. Rural	266
No. Girls	259
No. boys	301

##### Women

Total	187905
No. Urban	102126
No. Rural	85779
No. Pregnant	175972

## **1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention**

### **Children under 2**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children from 2 to 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children older than 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Women**

Total

No. Urban

No. Rural

No. pregnant

### **Men**

Total

No. Urban

No. Rural

## **1.3 Prevalence of underweight children under-five years of age**

National % 20.6  
Targeted Area %

**Proportion of population below minimum level of dietary energy consumption**

% National 66.9  
% Targeted Area Naga City: 4.71%; Ragay: 17.02%; Iloilo City: 3.90%; Carles: 19.20%

**Stunting prevalence**

% National 32.2  
% Targeted Area no data

**Anemia prevalence**

% National 23.7  
% Targeted Area no data

**Comments**

Data for the national level are based on the results of the 7th national nutrition survey held on 2008. Data on underweight and stunting are now based on WHO Child Growth Standards and cover children less than 5 years old. Data reported earlier covered children 0-72 months old and used the International Reference Growth Standards. Data for 1.1 are based on Operation Timbang or the annual weighing of children in the JP areas in Region 5, 6 and 9. Under-nutrition data is the combination of the severely underweight and moderately underweight.

**1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected**

**Homestead food production and diversification**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Food fortification**

National  
Local

Urban  
Rural  
Girls  
Pregnant Women  
Boys

**School feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Behavioural change communication**

National no data available at this time  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Gender specific approaches**

National  
Local  
Urban  
Local  
Girls  
Pregnant Women  
Boys

**Interventions targeting population living with HIV**

National  
Local  
Urban  
Rural  
Girls



Pregnant Women  
Boys

**Promotion of exclusive breastfeeding**

National no data available at this time

Local

Urban

Rural

Girls

Pregnant Women

Boys

**Therapeutic feeding programmes**

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

**Vaccinations**

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

**Other, specify**

National

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Local

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Urban

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Rural

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Girls

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Pregnant Women 187905

*micro nutrient supplementation for pregnant and lactating women (IFA)*

Boys

*micro nutrient supplementation for pregnant and lactating women (IFA)*

## **2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies**

### **2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme**

#### **Policies**

National

Local

#### **Laws**

National

Local 4

#### **Plans**

National

Local 2

## **3 Assessment, monitoring and evaluation**

### **3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition**

National



Local	1 (targeted)
Total	1 (targeted)

Joint Programme Monitoring and Evaluation Framework: Children, Food Security and Nutrition

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<b>JP Outcome 1: Increased exclusive breastfeeding rates in highly urbanized cities and JP municipalities by 20% annually</b>								
1.1 Increased number of pregnant and lactating women visited at home by a peer counselor	1. # of community support groups established in COMBI areas	116	631		Training reports, Key informant interviews	COMBI coordinator quarterly monitoring report	WHO DOH	<u>Risks:</u> Natural calamities like typhoons; drought;
	2. # of peer counselors trained and deployed in COMBI areas	1,620	8,835	337	Training report Key informant interviews Report of midwives and peer counselors	COMBI coordinator quarterly monitoring report	WHO	Insurgencies;  National/local elections <u>Assumptions:</u> Sustained support & leadership of the Government to EBF & CF;
	3. # of peer counselors trained and deployed at 1 peer counselor/ 20-25 pregnant women and infants 0-24 months old in JP cities and municipalities	none	185 (Ragay) 132 (Carles) – 210 (Aurora) 714 (Naga City) 775 (Iloilo city) 2,264 (Zamboanga City)  Total target: 4,153		Training report Key informant interviews Report of midwives and peer counselors	LGU quarterly status report on MDG-F	UNICEF LGU	Available external budget;  Political will

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	4. # of midwives and health workers trained on IYCF and on mobilization/ community organizing and facilitating groups	0	246	216 (IYCF training) 72 (community mobilization)	Activity reports Training report Key informant interviews Report of midwives and peer counselors	LGU quarterly status report on MDG-F	UNICEF LGU	
	5. % of RHUs and BHS with trained personnel on IYCF and on mobilization and facilitating groups	0	100%	100% (IYCF training)	Monitoring reports from LGU partners Training report Key informant interviews	LGU quarterly status report on MDG-F	UNICEF LGU CHD DOH	
	6. # of EBF brand materials reproduced and distributed	0	Posters= 10,000 PC notebooks= 2,500 Ballers= 10,000 Training manuals= 250 pcs	Content, designs ( aside for the brand w/c is final), lay-out are being finalized	EBF brand materials Delivery receipts Distribution list Acknow- ledgement receipts	Inventory of materials bi- annually  Updates during monthly NTWG meetings	UNICEF WHO DOH-NCHP	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
			Reporting forms: 1. Midwives = 80,000 Peer counselors = 20,000 2. Cards/certificates 3-in-1 cards = 400,000 Thank you certificates = 10,000 3. Collaterals: vests = 10,000 notebooks = 10,000 pens = 10,000 rubber stamps w/					

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
			logo, ink pad = 10,000 4. Posters = 50,000 Flags for point of service promotions = 500 pcs Streamers = 50 pcs					
	7. # of EBF-related PR activities and public events undertaken	0	35	2 (Breastfeeding marketing brand launch, BF TSEK, 23 February 2011; Breastfeeding Friend Enrolment, 14 May 2011) 6 barangay level events in Carles, Iloilo	Monitoring reports from LGU partners Activity implementation report Key informant interviews Direct observation	Updates during monthly NTWG meetings LGU quarterly status report on MDG-F	UNICEF LGU CHD DOH-NCHP	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	8. % of infants breastfed within the first hour of birth	53.5% (based on NDHS 2008 data) 51% (JP's baseline survey)	70% (national target)		Baseline and endline survey report	Baseline and endline survey	UNICEF WHO	
	9. # of infants EBF 0-5 months	22% (JP's baseline survey)	20% increase annually		Baseline and endline report	Baseline and endline survey	UNICEF	
	10. No. of pregnant and lactating women visited by a peer support counselor	22,680	166,699		Health personnel notes Notebooks of peer counsellors Report of midwives and peer counselors  Random validation interview of lactating women	Observations/survey interview FDG  LGU quarterly status report on MDG-F	UNICEF WHO LGU	



Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	11. % of pregnant and lactating women who receive iron-folic acid (FeFo) supplements	40% (based on 2008 NNS Data/NDHS report)	80%	Iron-folic acid tablets distributed to LGUs; Guidelines for distribution of FeFo being finalized by NCDPC	Survey health facility supply Health facility records List of recipients of FeFo supplements	Interview with mothers Health facility records LGU quarterly status report on MDG-F	UNICEF LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
1.2 Support mechanism for working mothers in formal and informal workplaces to continue EBF to 6 months in major work places in Naga City, Iloilo City and Zamboanga City	12. # of companies promoting and with facilities for EBF and lactation stations under their Family Welfare Program	No data available	At least 2 in every JP City	6 in region 9 and 5 in region 6 <sup>1</sup>	ECOP Report DOLE records  Direct observation  Employee/ employer interviews	LGU quarterly status report on MDG-F	ILO ECOP DOLE LGU	
	13. # of common lactation facility set-up in the 3 JP cities	0	3 (1 per JP City)	1 (Zamboanga City Health Office)	Baseline report and LGU report  Direct observation	Baseline survey LGU quarterly status report on MDG-F	ILO LGU	

<sup>1</sup> Region 9 (WMCC Hospital, Columbus Seafood, Universal Canning, Zamboanga Electric Co., Philippine Ports Authority, PERMEX Canning); Region 6 ( SM City Manduriao, SM Iloilo City, 2 Gaisano Malls, St. Paul’s Hospital, Iloilo Mission Hospital)

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
1.3 Established human milk bank (HMB) in a secondary or tertiary birthing facility (Public/private)	14. Human milk bank established	No Human Milk Banks in the tertiary or secondary birthing facilities in JP areas	At least 1		Report from DOH, records, documentation report  Direct observation	Direct observation  LGU quarterly status report on MDG-F	UNICEF CHD LGU	
1.4 Established Milk Code monitoring system adapted and used in JP areas	15. # of reports received from Milk Code monitors	0			Records review	Updates during monthly NTWG meetings	UNICEF FDA	
	16. # of trained Milk Code monitors in 6 JP areas	0	200	174	Records Review	Updates during monthly NTWG meetings	UNICEF FDA	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<b>JP Outcome 2: Reduced prevalence of undernutrition in JP areas by at least 3% in children 6-24 months old by 2012</b>								
2.1 Reduced prevalence of undernourished children 6-24 months, in the 6 JP areas	17. Prevalence of undernutrition in children 6 to 24 months  18. Overall 6-23 Months: 18.5% (Underweight-for-age), 25.0% (underlength-for-age), 6.6% (underweight-for-length)  19. 3% decrease from baseline	Overall 6-23 Months: 18.5% (Underweight-for-age), 25.0% (underlength-for-age), 6.6% (underweight-for-length)	3% decrease from baseline		Baseline and end line report	Baseline and end line survey	UNICEF	
	20. # of health/nutrition workers and midwives trained on recipe trials of complementary foods	0	250		Activity reports	Review of records  LGU quarterly status report on MDG-F	FAO LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	21. #of mothers and child caregivers of 6-24 months old children counseled on proper nutrition & appropriate CF practices	0	74,880		Records review  Key informant (including mothers) interview	Interview with mothers  LGU quarterly status report on MDG-F	LGU	
	22. % of children 6-24 months old received MNP (percent usage of MNP within 2 months)	0	90%		Bi monthly monitoring survey report of distributors of MNP	Interview with health workers  LGU quarterly status report on MDG-F	WFP LGU	
	23. % of children 6-24 months old taking in the proper dosage of MNP in a year	0	90%		Bi monthly monitoring survey report of distributors of MNP	Interview with health workers  LGU quarterly status report on MDG-F	WFP LGU	
	24. No. of BHWs trained on appropriate use of MNP	0	All BHW, BNS in JP areas in Zamboanga City and Aurora	175	Training report	Direct observation and review of records LGU quarterly status report	WFP LGU	

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
						on MDG-F		
2.2 Increased consumption of nutritious and age appropriate complementary foods, made from locally available foods, by infants 6-24 months, in the 6 JP areas	25. % of infants 6-8 months old receiving complementary foods	56% (Based on 2008 NDHS) for updating based on baseline survey results 76.45% in the JP areas	20% Increased from baseline		Baseline and endline report	Baseline and endline survey	UNICEF	<u>Risks:</u> Natural calamities like typhoons; drought; Insurgencies; National/ local elections
	26. % of children 6-24 months who receive foods from 4 or more food groups	54.4% (breast-feeding/BF) 65.7% (non-breast-feeding/NBF) 59.6% (overall)	Increased from baseline by 20%		Baseline and endline report	Baseline and endline survey	UNICEF	<u>Assumptions:</u> Sustained support & leadership of the government to EBF & CF;  Available external

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	27. % of children 6-24 months who received solid soft foods the minimum number of times or more	73.8% (BF) 76.9% (NBF) 75.2% (overall)	Increased from baseline by 20%		Baseline and end line report	Baseline and endline survey	UNICEF	budget; Political will
	28. % of children 6-24 months who received iron-rich or iron fortified foods	57.6% (BF) 68.1% (NBF) 62.4% (overall)	Increased from baseline by 20%		Baseline and end line report	Baseline and endline survey	UNICEF	
<b>JP Outcome 3. Improved capacities of national government and stakeholders to formulate, promote and implement policies and programs on IYCF</b>								
3.1 Formulate local integrated multi-sectoral IYCF action plans with the 8 main	29. # of Provincial / City Investment Health Plans with funds allocated specifically for IYCF activities to	To be determined by NCDPC	6	(2) <sup>2</sup>	PIPH plans/ CIPH plans	Interview/ review of plans (budget allocated/ expended)	DOH LGU	<u>Risks:</u> Natural calamities like typhoons; drought; Insurgencies;

<sup>2</sup> MIPH and CIPH in Region 6 is in the drafting phase

Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
stakeholders in the 6 JP areas	increase EBF6					LGU quarterly status report on MDG-F		National/ Local elections
	30. # of annual operational work plans supporting specific IYCF activities	To be determined by NCDPC	6		AOP	Interview  LGU quarterly status report on MDG-F	LGU	<u>Assumptions:</u> Sustained support & leadership of the gov't to reduce malnutrition; Available external budget; Political will
	31. # local ordinances passed and implemented to support IYCF	To be determined by NCDPC	6	2 (Iloilo City and Carles, Iloilo)	Records review  Signed ordinances	Survey Interview with LGUs  LGU quarterly status report on MDG-F 2030	DOH	
3.2 A food security and nutrition surveillance system improved in Ragay Municipality	32. Early warning system in nutrition and food security piloted	0	1	1	Records review  Reports generated by the surveillance system	Interview LGU staff  Updates during monthly NTWG meetings	FAO	



Expected results (Outcomes & outputs)	Indicators	Baseline	Overall JP expected target	Achievement of target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
3.2 Nutrition Information system evaluated	33. # of nutrition information system reviewed using DQA	0	1		Consultant report	Updates during monthly NTWG meetings	WHO	

**Joint Programme Monitoring Report: Children, Food Security and Nutrition**

c. Joint Programme Results Framework with financial information

**Definitions on financial categories**

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date<sup>1</sup>.

JP Outcome 1: Increased exclusive breastfeeding (EBF) rate, in 6 JP areas, by at least 20% annually										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount Planned for the JP (US \$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
1.1 Increased number of pregnant and lactating women visited at home by a peer counsellor	1.1.1 Development and execution of an evidence-based marketing and advocacy campaign on exclusive breastfeeding for the first six months of life (EB6), in highly urbanized cities, including 3 JP cities (Communication for Behavioural Impact or COMBI)	X	X		WHO	DOH, LGU, business sector	839,905	78,429	108,595	4.35
	1.1.2 Deployment of community peer counsellors (COMBI)	X	X		WHO (In targeted urban centers)	DOH, LGU, business sector				

<sup>1</sup> Total funds transferred to date exclusive of indirect cost is \$2,493,395.

	1.1.3 Deployment of trained community peer counsellors (IYCF)	X	X		UNICEF (in JP municipalities)	DOH-NCDPC, NNC, DOH-CHD, Local health office, Local nutrition office	296,875	103,907 <sup>2</sup>	93,703	3.76
	1.1.4 Implementation of communications development for IYCF	X	X		UNICEF	DOH-CHD LGUs	147,300	1,400	0	
	1.1.5 Provision of iron-folic acid supplements (FeFo) to pregnant & lactating women, in the 6 JP areas	X	X		UNICEF	DOH-NCDPC DOH-CHD Local health office	180,000	134,079	116,233	4.66
1.2 Support mechanism for working mothers in formal and informal workplaces to continue EBF to 6 months in major work places, in Naga City, Iloilo City and Zamboanga City	1.2.1 Inclusion of Exclusive Breastfeeding as a key component of the National Family Welfare Programme (FWP)	X	X		ILO	DOLE	268,535	151,726	74,698	3.00
	1.2.2 Piloting of strengthened Family Welfare Programme in 3 JP cities	X	X		ILO	DOLE				
	1.2.3 Designing and demonstrating models of informal sector workplace interventions for exclusive breastfeeding in 3 JP cities	X	X		ILO	NAPC				

<sup>2</sup> Committed amount is reduced to \$103,907 from 162,000 because the JP regions had to return (in March 2011) previously-released funds for activities moved for implementation in 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2011.

1.3 Established human milk banks (HMB) in secondary/tertiary birthing facilities (public/private), in 6	1.3.1 Improving perception of health staff and community in the use of HMB, in the 6 JP areas	X	X		UNICEF	National Center for Health Facilities Development (NCHFD)	106,200	10,000	10,000	0.40%
1.4 Established Milk Code monitoring system used and adapted in the JP areas	1.4.1 Development of National standard module for monitoring the Milk Code	X	X		UNICEF	FDA	96,200	57,839	57,839	2.32%
	1.4.2 Training minimum of 370 volunteer code monitors, in the 6 JP areas	X	X		UNICEF	FDA				
	1.4.3 Strengthening the reporting system on Code violators, in the 6 JP areas	X	X		UNICEF	FDA				
	1.4.4 Application of monitoring and reporting system, in the 6 JP areas	X	X		UNICEF	NGO & FDA				
<b>JP outcome 1</b>					<b>Total</b>	<b>\$ 1,935,015</b>	<b>\$ 433,473</b>	<b>\$ 461,068</b>	<b>18%</b>	

JP Outcome 2: Reduced prevalence of undernutrition in 6 JP areas, by at least 3%, in children 6-24 month old, by 2012										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount Planned for the JP (US\$)	Estimated Total amount Committed (US \$)	Estimated Total Amount Disbursed (US \$)	Estimated % Delivery rate of budget
2.1 Increased consumption of nutritious and age appropriate complementary foods, made from locally available foods by infants 6-24 months, in the 6 JP areas.	2.1.1 Improving understanding on perceptions of current complementary feeding practices in the 6 JP areas.	X	X		UNICEF	NCDPC	Integrated with the baseline study			

2.3 Infants 6 months and above consume nutritious and age appropriate complementary foods made from locally available foods, in JP areas	2.3.1 Recipes from homestead gardens and locally available foods for integration in community / nutrition education activities documented	X	X		FAO	NCDPC and LGUs	<b>65,000</b>	40,160	15,929	0.64%
	2.3.2 Community/ household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods									
2.4 Reduced prevalence of anaemia among all 6-24 months children in selected barangay in Zamboanga City and Aurora, Zamboanga del Sur.	2.4.1. Improved micronutrient status of all children 6-24 months in 2 JP areas in Region 9 through micronutrient powder (MNP) supplementation	X	X		WFP	NNC, UNICEF, WHO, Partner Agency & Local Partners	<b>385,002</b>	309,859	126,722	5.08%

2.5 Increased awareness on the need and importance of using micronutrient powder in improving the nutritional status of children 6-24 months of about 30 LGU officials in Zamboanga City and Aurora, Zamboanga del Sur	2.5.1. Orientation of about 30 LGU officials in Zamboanga City and Aurora, Zamboanga del Sur on the need and importance of using micronutrient powder in improving the nutritional status of children 6-24 months	X	X		WFP	NNC, UNICEF & Partner Agency. Local Partners (LGUs, BHWs, CNS, Community Organizations).				
	2.5.2. All BHW, BNS in project areas of Zamboanga City and Aurora, Zamboanga del Sur trained on appropriate use of MNP	X	X		WFP					
	2.5.3. Conduct of events for increased awareness among the beneficiaries on the importance of vitamins, anemia, MNP and good nutrition practices	X	X		WFP	NNC, Partner Agency, Local Partners				

2.6 Knowledge about the technology of micro-nutrient premix transferred to government or private food or drug companies Indicator: Numbers of entities receiving	2.6.1 Knowledge transfer (including quality criteria) to appropriate government-advised entities (government or private food or drug companies) in the country to assess local production of micronutrient powder	X			WFP	NNC, DOH, FDA, , FNRI and Private Partners	Other funding source			
<b>JP Outcome 2</b>	<b>Total</b>					<b>\$ 450,002</b>	<b>\$ 374197</b>	<b>\$ 142,651</b>	<b>5.72%</b>	



JP Outcome 3: Improved capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on IYCF										
Programme Outputs	Activity	YEAR			RESPONSIBLE PARTY		Estimated Implementation Progress			
		Y1	Y2	Y3	UN AGENCY	NATIONAL /LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
3.1 Formulate local integrated, multi-sectoral IYCF action plans with the 8 main stakeholders, in the 6 JP areas	3.1.1 Needs assessment conducted, in the 6 JP areas	X	X		UNICEF	NNC / Research Agency	75,000	35,000	35,000	1.40%
	3.1.2 Consultative workshops conducted to develop action plans, key roles and responsibilities and commitments, at local, provincial and regional level, in the 3 JP areas	X	X							
3.2 Nutrition Information System evaluated and improvement plans developed in JP areas	3.2.1 Assess Nutrition Information System at the LGU level	X	X		WHO	DOH	40,000	30,000	0	0
	3.2.2 Recommend measures to improve the nutrition information system	X	X							

3.3 A food security and Nutrition surveillance System improved in Ragay Municipality	3.3.1.Early Warning system for Food and Nutrition is piloted in Ragay municipality	X	X		FAO	Community peer groups, Community Health/ Nutrition Volunteers, NGOs, LGUs, NGO and NNC	<b>143,184</b>	<b>82,246</b>	53,638	2.15%
	3.3.2.Appraisal report on food situation is in place and adequate to be used and replicated	X	X							
	3.3.3.Agricultural and Nutrition officers are capacitated to collect data and interpret results	X	X		FAO	DA				
	3.3.4 Number of trainings conducted on data collection and food security and nutrition indicators	X	X							
	3.3.5.Number of trainings conducted on data analysis and interpretation	X	X		FAO					
<b>JP Outcome 3</b>	<b>Total</b>						<b>\$ 258,184</b>	<b>148,169</b>	<b>88,638</b>	<b>3.55%</b>
<b>Programme Management</b>		X	X		UNICEF	NNC	<b>\$ 220,875</b>	<b>165,625</b>	<b>138,916</b>	<b>5.57%</b>
Monitoring and Evaluation		X	X		UNICEF	GAIN, Research Agency	<b>\$ 313,957</b>	<b>150,047</b>	<b>150,047</b>	<b>3.10%</b>
					WFP		<b>\$ 15,000</b>	<b>15,000</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>38% of total transferred to date has been disbursed as of 30 June 2011.</b>	<b>X</b>	<b>X</b>				<b>\$ 3,499,999</b> <b>(3,254,999 = without indirect cost)</b>	<b>1,396,966</b>	<b>1,032,181</b>	<b>38%</b>